ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | Sm | 922 | 04/09/01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

✔ .................................. Rejected
= .................................. Allowed
— (Through numeral)... Canceled
÷ .................................. Restricted

N .................................. Non-elected
I .................................. Interference
A .................................. Appeal
O .................................. Objected

| Claim Final | Original | Date |
|---|---|---|
| | 1 | |
| | 2 | ✔ |
| | 3 | ✔ |
| | 4 | ✔ |
| | 5 | O |
| | 6 | ✔ |
| | 7 | ✔ |
| | 8 | ✔ |
| | 9 | ✔ |
| | 10 | ✔ |
| | 11 | ✔ |
| | 12 | ✔ |
| | 13 | ✔ |
| | 14 | ✔ |
| | 15 | O |
| | 16 | ✔ |
| | 17 | ✔ |
| | 18 | ✔ |
| | 19 | ✔ |
| | 20 | ✔ |

(claims 21–150 blank)

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Best Available Copy